

SECTION 23 -SPECIAL EMPLOYEE CONSIDERATIONS IN PREGNANCY

I. GENERAL.

To establish general guidelines for safe patient care practices for the pregnant health care worker. Immunologic changes occur during pregnancy, primarily depression of certain aspects of cell-mediated immunity such as decreased levels of helper T cells. These changes permit fetal development without rejection but generally do not increase maternal susceptibility to infectious diseases. Occupational acquisition of infections is of special concern to female personnel of childbearing age for several reasons. Some infections, such as varicella, may be more severe during pregnancy. Transplacental infection with viruses such as parvovirus, varicella, and rubella has been associated with abortion, congenital anomaly, and mental retardation. Other diseases in which the infectious agent may be transmitted to the fetus include cytomegalovirus, hepatitis B, herpes simplex, influenza, and measles. In addition, certain drugs used to treat or prevent some infections, for example tuberculosis, may be contraindicated during pregnancy. In general, pregnant personnel do not have an increased risk of acquiring infections in the workplace. Female personnel of childbearing age should be strongly encouraged to receive immunizations for vaccine-preventable diseases prior to pregnancy. Such personnel may also decrease their risk of acquiring infection by adhering to appropriate infection control practices, including Standard Precautions when caring for all patients.

II. SPECIFIC.

A. All pregnant personnel (civilian and military) should schedule an appointment in Occupational Health (805-0443) for a pregnancy surveillance assessment.

B. Do not routinely exclude women, on the basis only of their pregnancy or intent to be pregnant, from the care of patients with particular infections that have potential to harm the fetus, (e.g., CMV, HIV, hepatitis, herpes simplex, parvovirus, rubella, and varicella).

C. Counsel pregnant women and women of childbearing age regarding the risk of transmission of particular infectious diseases (e.g., CMV, hepatitis, herpes simplex, HIV, parvovirus, rubella) that, if acquired during pregnancy, may have adverse effects on the fetus, whether the infection is acquired in non-occupational or occupational environments. Provide such women with information on Standard and Transmission-Based Precautions appropriate for each infection.

D. With the conscientious application of Standard Precautions, as described in this Manual, pregnant personnel may safely care for patients and perform duties as any other employee. In a few situations, as outlined below, special considerations will be observed.

1. Rubella. Pregnant employees who are not immune to rubella must be counseled to avoid contact with persons who may have this disease. Rubella vaccination is contraindicated among pregnant women, but administering rubella vaccine to women not known to be pregnant is justifiable without prevaccination screening; pregnant women who are already immune to rubella are not at increased risk for adverse events.

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2. Chickenpox. Pregnant employees who have not had chickenpox must avoid exposure to persons who have active varicella (chickenpox, shingles) infections. Masks are not protective. The use of VZIG may be considered for pregnant susceptible personnel postexposure to varicella.

3. Vaccinations. Pregnant employees should not receive any live virus vaccines during pregnancy. Hepatitis B Vaccine is not a live virus vaccine, and is not contraindicated in pregnancy, but the employee should check with her physician before being immunized. Administer influenza vaccine annually to all pregnant women.

4. Parvovirus B19. Do not routinely exclude pregnant personnel from caring for patients with parvovirus B19. Pregnant personnel are at no greater risk of acquiring B19 infection than are nonpregnant personnel; however, if a pregnant woman does acquire B19 infection during the first half of pregnancy, the risk of fetal death (fetal hydrops, spontaneous abortion, and stillbirth) is increased.

5. Ensure that pregnant personnel are aware of the risks associated with CMV infection and infection control procedures to prevent transmission when working with high-risk patient groups. Previously, pregnant employees avoided direct contact with patients who have cytomegalovirus (CMV) infections. However, personnel who provide care to such high-risk patients have a rate of primary CMV infection that is no higher than that among personnel without such patient contact (3% versus 2%).

6. Pregnant employees should not care for patients receiving aerosolized Ribavirin for Respiratory Syncytial Virus or other conditions.

E. Post exposure prophylaxis. Rifampin and ciprofloxacin are not recommended for pregnant women at any time, even S/P exposure to pertussis or bacterial meningitis. Refer to private physician or Occupational Health Physician for alternative treatment.